

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10/521707

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		3				
14	1					
15	1					
16	1					
17		3				
18		3				
19		3				
20		3				
21	1					
22		1				
23		1				
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49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	29	←		←		←
TOTAL CLAIMS	35					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						